



Practitioner's Docket No. KLR: 7146.030

#15
W. J. Lauer
7/21/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Akhavan,

Group Art Unit: 2611

Serial No.: 09/363,073

Examiner: Srivastava, Vivek

Filed : 07/28/1999

Title : SYSTEM FOR DISPLAYING PROGRAMMING GUIDE INFORMATION

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RECEIVED

JUL 18 2003

July 15, 2003

Technology Center 2600

Assistant Commissioner for Patents
Washington, DC 20231

AMENDMENT TRANSMITTAL AND REQUEST FOR EXTENSION OF TIME

1. Transmitted herewith is an amendment for the above captioned application.

STATUS

2. Applicant is:

- ☐ a small entity
☒ other than a small entity.

EXTENSION OF TIME

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. §1.136 apply. The applicant petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

Extension (months)	Fee (other than small entity)	Fee (small entity)
<input type="checkbox"/> one month	\$110	\$55
<input type="checkbox"/> two months	\$410	\$205
<input checked="" type="checkbox"/> three months	\$930	\$465
<input type="checkbox"/> four months	\$1,450	\$725
<input type="checkbox"/> five months	\$1,970	\$985

FEE \$930

If an additional extension of time is required, please consider this a petition therefor.

An extension for _____ months has already been secured and the fee paid therefor

of _____ is deducted from the total fee due for the total
Extension fee due with this request: \$930.00

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. §1.16(b) -(d) has been calculated as shown below:

Claims remaining after amendment		Highest no. claims previously paid for	Present extra	Rate		Additional Fee
				Small entity	Not a small entity	
Total	<u>19</u>	- 20	* = 0	\$9	\$18	\$0
Independent	<u>2</u>	- 3	** = 0	\$42	\$84	\$0
<input type="checkbox"/>	First Presentation of Multiple Dep. Claim			\$140	\$280	\$0

*If the highest number of claims previously paid for is less than 20; enter 20.

**If the highest number of independent claims previously paid for is less than 3; enter 3.

Total additional fee for claims required. \$0.00

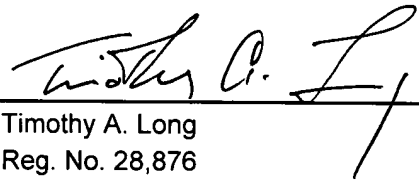
FEE PAYMENT

5. ☒ Attached is a check in the sum of \$1,680.00
☐ Charge Account No. _____ the sum of _____

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Account No. 03-1550

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